

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
10-070018
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•			•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		INC.	DEP.
1	1						51							
2		1					52							
3		2					53							
4		3					54							
5		0					55							
6		0					56							
7		0					57							
8		0					58							
9		0					59							
10		0					60							
11		0					61							
12		0					62							
13		0					63							
14		0					64							
15		0					65							
16		0					66							
17		0					67							
18		0					68							
19		0					69							
20		0					70							
21		0					71							
22		0					72							
23	1						73							
24		0					74							
25		0					75							
26	1						76							
27	1						77							
28		0					78							
29		0					79							
30		0					80							
31		0					81							
32		0					82							
33			1				83							
34					1		84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41			1				91							
42					1		92							
43							93							
44							94							
45							95							
46							96							
47			1				97							
48					1		98							
49							99							
50							100							
TOTAL IND.			3				TOTAL IND.							
TOTAL DEP.							TOTAL DEP.							
TOTAL CLAIMS			3				TOTAL CLAIMS							